

Torbay Children's Services: Improvement Action Tracker

Version -20-9-16

What?	Who?	How?	Success measures	Baseline	Target/ date	Outcome – (report for Q1, Q2, Q3, Q4)
Children in need of help and protection						
Ensure that assessments are timely, proportionate and effectively identify the risks, and needs and protective factors, leading to appropriate and measurable plans						
Assessment timescales expected to complete with 20 days, exceptions are 45 days	Head of Service MASH/ SA Head of Service SASF	<ul style="list-style-type: none"> Assessment Timeliness practice standards to be revised Practice standards to be implemented for Single Assessment and Safeguarding and Supporting Families teams. Performance reporting to specify the distribution of working days from the referral outcome to assessment authorisation. 	<ul style="list-style-type: none"> Increase in percentage of assessments completed within 20 days 	<ul style="list-style-type: none"> 19% at 20 days (Oct 15) 81% within 45 days (Oct 15) 	<ul style="list-style-type: none"> 60% 20 days / Apr 17 90% 45 days / Apr 17 	The development of greater proportionality in single assessments has yet to deliver any sizeable or sustained increase in the numbers of assessments completed within 20 days.
S47 assessments to be completed within 15 working days	Head of Service MASH/ SA Head of Service SASF	<ul style="list-style-type: none"> CP Enquiry (S47) practice standards to be revised Practice standards to be implemented for Single Assessment and Safeguarding and Supporting Families teams. Heads of Service to comply with management oversight appendix within Scheme of Delegation in relation to S47 authorisation. Performance reporting to specify working days from strategy meeting outcome to conclusion of S47 	<ul style="list-style-type: none"> All CP investigations completed within timescales % of ICPCs held within 15 working days of initial strategy 	<ul style="list-style-type: none"> 75% (Oct 15) 70% (Sept 15) 	<ul style="list-style-type: none"> 100% / Apr 17 95% / Apr 17 	<p>Similar proportions of investigations are currently overrunning.</p> <p>Performance on this measure shows sustained improvement at to the planned levels</p>
Child's record identifies risk, needs and protective factors	Head of Service MASH/ SA Head of Service SASF	<ul style="list-style-type: none"> Assessment Quality practice standards to be revised. Practice standards to reflect consistent use of Signs of Safety risk assessment and danger statements. Practice standards to be implemented for Single Assessment and Safeguarding and Supporting Families teams. 5 day Signs of Safety training commissioned for all social work staff during November 2016 	<ul style="list-style-type: none"> % of case audits which rated the quality of assessments as at least RI 	<ul style="list-style-type: none"> Base line to be re-worked 	<ul style="list-style-type: none"> 90% / Apr 17 	Historic audit judgements are recognised as being over optimistic. New baseline based on audits completed in September onwards.
Consistent application of CP	Head of Service	<ul style="list-style-type: none"> Heads of Service to comply with management oversight appendix to 	<ul style="list-style-type: none"> % of Section 47s that lead to an initial case 	<ul style="list-style-type: none"> 53.1% (Apr – Oct 15) 	<ul style="list-style-type: none"> 60%+ / Apr 17 	Larger volumes of section 47s are still be completed than that compared to

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thresholds and CP process	MASH/ SA Head of Service SASF	Scheme of Delegation in relation to S47 authorisation. <ul style="list-style-type: none"> Performance reporting to capture Heads of Service oversight Child Protection training to be facilitated for all Team Managers and Chairs / IROs 	conference <ul style="list-style-type: none"> Children subject to sec 47 per 10k CPP per 10k 	<ul style="list-style-type: none"> 322 (2015/6) 86 CPP per 10k (Oct 15) 	<ul style="list-style-type: none"> 250/ Apr 17 55 / Apr 17 	Benchmarks The number on plans is currently consistently in line with statistical benchmarks
Reduce number of single assessments that result in no further intervention	Head of Service MASH/ SA Head of Service SASF	<ul style="list-style-type: none"> MASH Operational practice standards to be revised and implemented. Additional descriptors to be written into single assessment to identify interventions completed Assessment Quality practice standards to be implemented across Single Assessment and Safeguarding and Supporting Families teams. 	<ul style="list-style-type: none"> % of referrals where the child is assessed considered not to be in need 	<ul style="list-style-type: none"> 46% (2015/6) 	<ul style="list-style-type: none"> 23% / Apr 17 	The number and proportion of single assessments that do not lead any further role have reduced slightly so far this year.
Child's record identifies outcome based CIN and CP plans, including interim planning prior to initial multi-agency meetings	Vashti Wickers/ Giselle Jones	<ul style="list-style-type: none"> Design and develop SMART outcomes based plan using Signs of Safety template Plan to be built into PARIS Plan practice standards to be written and implemented across Single Assessment and Safeguarding and Supporting Families teams. 	<ul style="list-style-type: none"> % of CIN and CP plans audited as at least RI 	<ul style="list-style-type: none"> 79.6% (Apr – Jun 16) 	80% / Apr 17	Historic audit judgements are recognised as being over optimistic. New baseline based on audits completed in September onwards.
Ensure that timely decisions are made on contacts and referrals and that initial visits to children are prompt						
All contacts/referrals to be screened within 24 hours.	Head of Service MASH/ SA	<ul style="list-style-type: none"> MASH operational procedures to be written and implemented within the MASH. Performance reporting to specify distribution of working days from contact to referral outcome. 	<ul style="list-style-type: none"> % of contacts where a decision was made within 24 hours 	<ul style="list-style-type: none"> 46.6% (Oct 15) 	90% / Apr 17	Since Ofsted's last inspection there has been a sustained improvement in the timeliness of initial decision making within the MASH.
Children in need to be seen within 5 working days of referral outcome.	Head of Service MASH/ SA	<ul style="list-style-type: none"> Child Seen practice standards to be revised Practice standards to be implemented across Single Assessment and Safeguarding and Supporting Families teams. Performance data to specify out of assessments scheduled in that 	<ul style="list-style-type: none"> % of referrals where the child was seen within 5 working days (SA) 	<ul style="list-style-type: none"> 15.6% (Oct 15) 	95% / Apr 17	Compliance whilst improved is still too variable across and within services. The best levels of compliance are within the Assessment Service.

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		<ul style="list-style-type: none"> reporting month the distribution of working days until child seen. Head of Service to comply with management oversight appendix within Scheme of Delegation in relation to initial visit exemptions 				
Children in need of protection to be seen within 1 working day.	Head of Service MASH/ SA Head of Service SASF	<ul style="list-style-type: none"> Child Seen practice standards to be revised Practice standards to be implemented across Single Assessment and Safeguarding and Supporting Families teams. Performance data to specify out of assessments scheduled in that reporting month the distribution of working days until child seen. Head of Service to comply with management oversight appendix within Scheme of Delegation in relation to initial visit exemptions 	<ul style="list-style-type: none"> % of referrals where the child was seen within 1 working days (Sc 47) 	<ul style="list-style-type: none"> 61.5% (Oct 15) 	95% / Apr 17	Compliance levels have been sustained but not significantly improved on the baseline position
• Ensure that 16-and 17-year olds who are homeless are given the opportunity to have a comprehensive assessment and help and support according to their needs						
Ensure that the referral mechanism is effective	YOT and Youth Homelessness Prevention Service (Responsibility YOT Manager)	<ul style="list-style-type: none"> Create and share work flow for 16/17 year olds with Youth Homelessness Prevention service. Agree MASH Screening process. Coordinate weekly tracking meeting for Social Workers completing assessments and Youth Homelessness Prevention workers. 	<ul style="list-style-type: none"> Nos of children 16+ who were subject to a single assessment 	<ul style="list-style-type: none"> 75 (Aug 15 – Jul 16) 	>=100 per year / April 17	The anticipated upturn in assessments CYP 16+ has not yet materialised this year.
Ensure that all young people receive the opportunity for an assessment	YOT Social Workers (Responsibility YOT Manager)	<ul style="list-style-type: none"> Train YOT Social Workers to complete Single Assessments and Signs of safety. New Practice standards to be implemented in IYSS. For process of assessment and management oversight 	<ul style="list-style-type: none"> % single assessments of children 16+yrs cases audited where the quality was at least R&I 		80% / Apr 17	Historic audit judgements are recognised as being over optimistic. New baseline based on audits completed in September onwards.
Ensure that assessments lead to an offer of help	YOT Social Workers (Responsibility)	<ul style="list-style-type: none"> New Practice standards to be implemented in IYSS. For process of assessment and management 	<ul style="list-style-type: none"> % of CLA entering care who were 16+ 	<ul style="list-style-type: none"> 5% (2015/16) 	5 - 10% Apr 17	Currently the anticipated upturn in CYP 16 + entering care has not materialised

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and support where needed	ty YOT Manager)	oversight. <ul style="list-style-type: none"> Assessments to occur within multi-agency IYSS to improve access to services. 				
Ensure that all children who go missing from home or care are offered a timely and comprehensive return interview and that information from these interviews is collated to inform effective targeting of preventative and protective services						
Children who go missing to be offered a return home interview within 72 hours of their return	HOS for Safeguarding and QA	<ul style="list-style-type: none"> review contractual arrangements with existing service provider issue contract variation develop a set of return home interview practice standards implement return home interview practice standards 	<ul style="list-style-type: none"> % of return home interviews who were provided with a return home interview within 72 hours 	<ul style="list-style-type: none"> Performance info as at October 2015 needs to be calc 	100% / Apr 17	Review quarterly contract monitoring data to evidence this position
Monitor and analyse information from return home interviews	Consultant SW/CSE Coordinator CS Performance Lead HOS for Safeguarding and QA	<ul style="list-style-type: none"> all young people who go missing to be discussed at the weekly multi-agency Missing Monday Meeting develop PARIS template to ensure that all missing data is recorded on PARIS LOGI report to be created to monitor volume and timeliness of return home interviews TSCB MACA audit to look at the quality and impact of return home interviews 	<ul style="list-style-type: none"> % of return home interviews audited that were judged to be at least RI 	<ul style="list-style-type: none"> Performance info as at October 2015 needs to be calc 	100% / Apr 17	Historic audit judgements are recognised as being over optimistic. New baseline based on audits completed in September onwards.
Partnership working						
With partners, ensure that multi-agency thresholds are understood and consistently applied across the partnership						
Threshold document appropriately reflects the expectations of TSCB	AD / TSCB	<ul style="list-style-type: none"> Documentation amended to ensure consistency and aids understanding Document reflects TAF coordinator role 	<ul style="list-style-type: none"> % of contacts that led to a referral 	<ul style="list-style-type: none"> 29% (2015/16) 	35% April 17	Further longitudinal analysis being completed to address the potential of changing thresholds

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		<ul style="list-style-type: none"> Document published 				
Partners apply thresholds effectively	AD / TSCB	<ul style="list-style-type: none"> Training for partners in child's journey and early help and intervention delivered with newly launched documentation available 				
All EH Assessments/Referral Received are appropriate according to threshold.	HOS Targeted Intervention EH Team TAFAs	<ul style="list-style-type: none"> TAF Training TAFAs/CCW roles supporting partners Monitor and review EH assessments received and push back inappropriate assessments with advice and guidance offered. Develop existing Targeted practice. Presentations at Stat SW team meetings to enable consistent understanding of step down processes and the significance of clear plans. 	<ul style="list-style-type: none"> % of EH contacts that lead to a referral 	<ul style="list-style-type: none"> 58% (Oct 15) 	<ul style="list-style-type: none"> 75% April 17 	Numbers of inappropriate referrals decrease and children receive the right support at the right time – April 17 (Amber)
Partners are confident in making single agency referrals and TAC working without reliance on CSC for intervention and support.	HOS Targeted Intervention EH Team TSCB	<ul style="list-style-type: none"> TAF Training TAFAs/CCW roles supporting partners Monitor and review EH assessments received and push back inappropriate assessments with advice and guidance offered. 	<ul style="list-style-type: none"> % of EH referrals judged to be at least RI or better 	<ul style="list-style-type: none"> Existing data 		Historic audit judgements are recognised as being over optimistic. New baseline based on audits completed in September onwards.
Work effectively with partnerships to ensure that children receive timely and effective early help and assessments and plans are in place for each child						
Children receive a timely response	HOS Targeted Intervention EH Team	<ul style="list-style-type: none"> In day screening of EH assessments to ensure that EH route is appropriate and safe. Any risk is identified and stepped up to MASH within the day. 	<ul style="list-style-type: none"> % of EH stepped up cases responded to within 1 day? 	<ul style="list-style-type: none"> 4 days (Oct 15) 	<ul style="list-style-type: none"> 1 day / Apr 17 	Data needs to be recalculated and presented in line the other compliance measures.
Early Help Panel support good	HOS Targeted	<ul style="list-style-type: none"> Early Help Panel members invited 	<ul style="list-style-type: none"> % invitations to EH that led to attendance 			Attendance of EH Panel members needs to be recorded on PARIS

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threshold management / understanding	Intervention EH Team	<ul style="list-style-type: none"> E H Panel facilitates member challenge and discussion on threshold / LP expectations 				Survey of EH panel membership (November '16)
Support to enable partners to provide consistent response to TAF activities	HOS Targeted Intervention Supporting Families Co-ord	<ul style="list-style-type: none"> TAF coordinators recruitment TAF coordinators support EH assessment authors / LP as chairs 	<ul style="list-style-type: none"> % of TAFs led by partners 	<ul style="list-style-type: none"> Baseline to be produced 	?	
Re-alignment of Targeted Services across the Child's Journey Threshold as part of EH/FSW Review	HOS Targeted Intervention Commissioners across JCT and CSC TSCB/Partners TM's across EH and Targeted	<ul style="list-style-type: none"> Complete report and recommendations for Targeted Intervention across The Child's Journey. Use TSCB and Governance across Partners to roll out formal recommendations Explore variation of contracts/commissioning arrangements – where necessary. Drive TAF training across partnership. Use Tafa/CCW to support up-skilling of partners to create effective Assessments and Plans. Develop new working practices and delivery model for Targeted Services within CSC 	<ul style="list-style-type: none"> % of EH contacts 'nfa'd' % of EH cases that have been received within 12 months 	<ul style="list-style-type: none"> Baseline to be produced 	?	
Ensure that the threshold for a referral to the designated officer is well understood across the partnership						
Ensure that the threshold for a referral to the designated officer is well understood across the partnership	HOS for Safeguarding and QA	<ul style="list-style-type: none"> appoint a Senior IRO with lead responsibility for LADO review existing LADO arrangements develop and implement a set of LADO practice standards update and redistribute LADO promotional material 	<ul style="list-style-type: none"> % of LADO contacts that meet threshold 	<ul style="list-style-type: none"> 71.3% 	?	

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	CS Performance Lead	<ul style="list-style-type: none"> deliver a series of targeted awareness raising sessions to voluntary and community groups create PARIS templates to ensure that all LADO activity is recorded on PARIS and can be reported on produce an annual report for 2015/16 and identify key priorities for 2016/17 undertake a thematic audit to look at the quality of work and the partnership's understanding of the LADO threshold and role 				
With partners, ensure that timely and effective services are in place, particularly in relation to domestic abuse, adult mental health, CAMHS and emergency duty service						
Domestic abuse	Children's Commissioner / TSCB	<ul style="list-style-type: none"> Domestic abuse interventions are available for referral by CSC 	<ul style="list-style-type: none"> % of children in need (as a result of DV) % of CIN receiving DV services 	Baseline to be produced	?	
Adult Mental Health	Children's Commissioner / TSCB	<ul style="list-style-type: none"> Adult mental health: Challenge to AMH member by TSCB engagement in TSCB improvement plan work 	<ul style="list-style-type: none"> Number of Children receiving AMH contacts 	Baseline to be produced	?	
CAMHS	Children's Commissioner / TSCB' HoS Targeted Intervention	<ul style="list-style-type: none"> Challenge to CAMHS member by TSCB Engagement in joint training Engagement in TSCB improvement plan work 	<ul style="list-style-type: none"> % of CIN referred to CAMHS that receive initial consultation within 18 weeks 	Baseline to be produced	100% within 18 weeks / date?	
EDS provides a timely and effective service to children out of hours	Children's Commissioner / TSCB' HoS Targeted	<ul style="list-style-type: none"> Children who are in need of protection receive a robust timely service OOH's Children who are in need receive an appropriate response OOH's 	<ul style="list-style-type: none"> ? Practice standard for EDS contacts? 	Baseline to be produced	100% date	

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	Intervention	<ul style="list-style-type: none"> Engagement in EDS / Devon project steering group 				
Safeguarding and Quality Assurance Service						
Strengthen the quality assurance role in independent reviewing officer and children protection conference chairs and ensure that reviews and conferences result in effective information sharing and purposeful, timely plans for children						
Appoint a HOS	Assistant Director	<ul style="list-style-type: none"> Recruit to vacancy 	% of social work post vacant	28.7% (2015/6)	?	IRO vacancies and management roles have been filled, but recruitment and retention activity has as yet not made any in roads to the levels of permanent staff. However the use of agency staff has reduced.
Appoint a Senior IRO	HOS Safeguarding and QA	<ul style="list-style-type: none"> Create Job Description Recruit to vacancy 	% of social work posts covered by agency staff	24.3% (2015/6)	?	
Implement Signs of Safety Approach	HOS Safeguarding and QA / Senior IRO	<ul style="list-style-type: none"> introduce Signs of Safety as a method to conduct CPCs provide SOS training for CP Chairs in SOS Approach all CP Chairs to undertake 5 day SOS Practice Lead course develop and implement a set of practice standards for CP Chairs and IROs 	<ul style="list-style-type: none"> % of CPP audited that were rated as at least RI) % of ICPC that did not result in a plan – in line with benchmarks 	<i>Data to be provided</i> 78% 2014/15	85% April 17	Historic audit judgements are recognised as being over optimistic. New baseline based on audits completed in September onwards.
Monitor and analyse service specific performance information	HOS Safeguarding and QA CS Performance Lead HOS Safeguarding and QA HOS	<ul style="list-style-type: none"> develop a set of performance measures develop a LOGI PARIS report that captures agreed data set and monitors compliance with practice standards for CP Chairs and IROs introduce monthly team Performance Meeting directly observe Practice of CP 	<ul style="list-style-type: none"> % of CP plans issued within 3 (wrk) days % of CLA reviews cancelled in month % of CLA review where children engaged in review %of IRO 	<ul style="list-style-type: none"> Monthly PARIS performance report under development 	?	

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	Safeguarding and QA	Chairs and IROs annually <ul style="list-style-type: none"> introduce a monthly dip sample/audit of CP and CLA plans and DRPs 	recommendations complete with 5 (wrk) days			
Ensure IROs and CP Chairs provide effective challenge	HOS Safeguarding and QA / Senior IRO	<ul style="list-style-type: none"> deliver a range of bespoke development workshops for CP Chairs and IROs to cover following topics: <ul style="list-style-type: none"> role of CP Chair role of IRO effective challenge SOS participation LADO develop and implement a mid way check process for CP Chairs and IROs to demonstrate oversight of cases 	% of cases audited where the IRO oversight was rated at least RI	To be provided	?	Historic audit judgements are recognised as being over optimistic. New baseline based on audits completed in September onwards
<ul style="list-style-type: none"> Children looked after and permanence planning 						
<ul style="list-style-type: none"> Monitor the progress of children looked after more closely at Key Stage 4 and pay greater attention to ensuring that they achieve five GCSE grades A*-C, including English and maths 						
Monitoring progress	Head of Education, Learning and Skills Virtual Head	<ul style="list-style-type: none"> Data monitored routinely by VH / teachers Designated teacher data tracking set up 	<ul style="list-style-type: none"> CLA Progress measures 	<ul style="list-style-type: none"> Data to be provided 	?	
Attention to attainment	Head of Education, Learning and Skills Virtual Head	<ul style="list-style-type: none"> Additional VH teacher recruitment Attendance officer (LAC) recruitment / attendance is tracked GCSE pod purchased / FC informed of role requirement Develop designated teacher handbook 	<ul style="list-style-type: none"> GCSE 5 + A* to C Progress measures SATS performance 	<ul style="list-style-type: none"> Data to be provided 	?	
<ul style="list-style-type: none"> Review the permanency policy and ensure that permanence planning is pursued for all children in a timely manner and that consideration is routinely given to Foster to Adopt arrangements and concurrent planning, where appropriate 						

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Permanence planning at the earliest stage	Head of Specialist Services	<ul style="list-style-type: none"> Permanence policy written; reflected in practice standards, processes and procedures Permanence Panel TOR reviewed re: EPP Practice Culture drafted Practice development and learning session delivered Practice culture changes from front door through the child's journey 	<ul style="list-style-type: none"> % of children entering care where a permanency planning had occurred within 13 weeks of PLO starting 	<ul style="list-style-type: none"> Data to be provided 	?	
Permanence Plans improve outcomes for CYP.	Head of Specialist Services	<ul style="list-style-type: none"> Permanency decisions monitored and driven forward Outcome based Plan drafted and on PARIS Outcome based plans are effective 	<ul style="list-style-type: none"> % of CLA plans that evidenced permanency planning 	<ul style="list-style-type: none"> Data to be provided 	?	
Increase in Foster to Adopt arrangements	Head of Specialist Services	<ul style="list-style-type: none"> Number of children with foster to adopt arrangements are increasing exponentially. 	<ul style="list-style-type: none"> % of CLA entering care aged 5 and under with a plan for foster to adopt 	<ul style="list-style-type: none"> 1 (Apr – Jun 2016/17) 	95% of under 5's / ?	
<ul style="list-style-type: none"> Care leavers 						
<ul style="list-style-type: none"> Develop ways for care leavers to receive clear and effective advice and guidance on their next steps, which include more formal communication to them of their entitlements 						
Provision of Care Leavers Website	Care Leavers Practice Manager	<ul style="list-style-type: none"> Provide website with advice and guidance for young people Ensure regular review of website updates 	<ul style="list-style-type: none"> % of Eligible and relevant and former relevant that said they had accessed the website 	<ul style="list-style-type: none"> Online user survey rating? 	?	
Care leavers to be able to access information via social media	Care Leavers Practice Manager Care Leavers' Forum	<ul style="list-style-type: none"> Develop and review Social Media Presence Ensure all young people are aware of Social Media for Care Leavers 	<ul style="list-style-type: none"> % of Eligible and relevant and former relevant "following" the page on Facebook 	<ul style="list-style-type: none"> No social media presence 	50% / ?	Face book page live has gone live current number of followers- 34/160
Creation of Introduction to Leaving Care booklet to be given to all Care Leavers	Care Leavers Practice Manager	<ul style="list-style-type: none"> Identify best practice examples of Leaving Care information booklet Develop booklet with feedback from young people in the service. Develop process to ensure all Care 	<ul style="list-style-type: none"> % of eligible, relevant who had received a guide to leaving care 	<ul style="list-style-type: none"> No booklet for all care leavers 	100% / Jul 17	All young people now receive the Guide to Leaving Care

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		Leavers receive booklet.				
Clear pathway for information sharing with Care Leavers	Care Leavers Practice Manager Care Leavers Business Support	<ul style="list-style-type: none"> Produce Care Leavers Communication Strategy which identifies process for giving advice and guidance. Ensure that the communication strategy is updated regularly. 	<ul style="list-style-type: none"> % of Eligible, relevant and former relevant that said that they were well supported in place 	<ul style="list-style-type: none"> <i>Data to be provided</i> 	?	Communication strategy in place. Review in 6 months in line with advice from Service Users
<ul style="list-style-type: none"> Ensure that the quality of pathways plans is consistently good and that care leavers are actively encouraged to contribute to the development and content of these plans 						
Pathway plans to be re-designed in consultation with young people	Care Leavers Practice Manager Social Work Student	<ul style="list-style-type: none"> Research best practice in pathway plans nationally. Design plan in consultation with young people. Gather feedback on plans and modify on 6 monthly basis. 	<ul style="list-style-type: none"> % of pathway plans were the young person's contribution was evident 	<ul style="list-style-type: none"> <i>Data to be provided</i> 	?	New Pathway Plan implemented Jul 2016
Quality assurance processes in the care leavers team to ensure good quality pathway plans	YOT Manager	<ul style="list-style-type: none"> Care Leavers service to hold quality assurance reviews on a 6 monthly basis. Collate Quality Assurance of Pathway plans. Collate audit findings in relation to Pathway plans. Initiate practice changes to continually improve plans. 	<ul style="list-style-type: none"> % of pathway plans judged to be at least RI or better 	<ul style="list-style-type: none"> <i>Data to be provided</i> 	?	QA meeting scheduled for October 2016
Young people's forum to review pathway plans on a yearly basis.	Care Leavers Forum	<ul style="list-style-type: none"> Young people to be asked at each pathway planning meeting for feedback on the forms. Establish Care Leavers' forum Feedback to be anonymously collated and triangulated by the Care Leaver's forum. 	<ul style="list-style-type: none"> % of pathway plans were the young person's contribution was evident 	<ul style="list-style-type: none"> No feedback from young people sought in relation to Pathway plans. 	?	Feedback collated December 2016
Pathway plans to be improved in response to	Care Leavers Practice	<ul style="list-style-type: none"> Ensure usage of MOMO app across the service, through provision of appropriate technology and training 	<ul style="list-style-type: none"> % of CLA 15 + who have used MOMO 	<ul style="list-style-type: none"> No feedback from young people sought in 	?	

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feedback from MOMO app.	Manager YOT Manager	for staff. • Data from MOMO app to be used to review quality of Pathway Plans		relation to Pathway Plans. • <i>Data to be provided</i>		
• Leadership and Governance						
• The Chief Executive should ensure that leaderships in Torbay is strong, consistent and sharply focused on improving and sustaining outcomes for children throughout children's social services						
Increase corporate oversight and understanding of CS performance, resource and outcomes	DCS CX	• Introduce weekly keep in touch meeting/teleconference between DCS & CX			Commenced July 2016	Well informed on CS performance, budget and outcome
	DCS /CX	• Implement monthly reporting from DCS to CX on CS performance			First report issued August 2016	CX has a comprehensive overview of performance using appropriate comparators
	DCS / AD corporate Services	• Children Services key decisions and plans incorporated within annual cycle of council decision making arrangements. • Overview & Scrutiny Working Party for Children's Services established.		• In place August 2016	Revised schedule agree with Gov Services September 2016 subject to major review at CS SLT	Key decisions and plans subject to review and revision by Elected Members
Corporate Parenting board	Lead Member AD / Head of Specialist Services	• CPB meets regularly • CP strategy, Plan, Pledge written • Key Partners attend • Training for PCB elected members by LGA arranged / provided	• <i>% of young people receiving support CIN, CPP and CLA confirming positive impact on their needs</i>	• <i>Data to be provided</i>	?	CPB dashboard CPB action plan
• Improve the quality of performance management and monitoring through an improved and robust suite of data, effective and challenging management oversight and rigours action planning						
Deliver Management reporting tool platform	Principal Performance Manager	• Deliver new online reporting tool for all managers and populate with live performance data	• Team managers and Services Managers critique performance and address areas for development in a timely way.	• No ready accessible to live performance data	April 2016 COMPLETED	Q1 Online Tool live and available to Service Managers. Begin roll out of drill down information
		• Establish drill down function on key performance data to see individual	• Team managers and Services Managers	• No ready access to	September 2016	Q2 Online Tool available to Team Managers. Additional drill down available.

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What?	Who?	How?	Success measures	Baseline	Target/ date	Outcome – (report for Q1, Q2, Q3, Q4)
		performance	critique performance and address areas for development in a timely way.	variation in performance at a team and individual level		Begin building in of benchmark information.
		<ul style="list-style-type: none"> Introduce benchmark information across performance data 	<ul style="list-style-type: none"> % of practice standards where there is evidence of sustained improvement in performance 	<ul style="list-style-type: none"> No ready access to benchmark information alongside live performance data 	December 2016	Q3 Build in additional views of data including more benchmarks and outcomes of Audits
		<ul style="list-style-type: none"> Build further PM and service views 			February 2016	Q4 Team and service views built in as standard (as opposed to self service drill downs)
Develop and implement data addressing areas for drift and delay	Principal Performance Manager	<ul style="list-style-type: none"> Develop data on timeliness of decision making, visiting and assessment timeliness. (Data Gaps noted by Ofsted are addressed.) 	<ul style="list-style-type: none"> % of practice standards where there is evidence of sustained improvement in performance 	<ul style="list-style-type: none"> No ready access to drift and delay data 	80% by April 17	<p>Q1 Data on first visits, MASH decision making and visits during assessments / section 47s and timeliness of assessments improved on base line Oct 15</p> <p>Q4 performance on visiting and decision making sustained</p>
Re-establish performance management routine	Principal Performance Manager and HoS	<ul style="list-style-type: none"> Set expectation that performance is reviewed at practice manager level and service level ahead of monthly review 	<ul style="list-style-type: none"> Individual and team compliance on key service expectations known and addressed. 	<ul style="list-style-type: none"> No minuted actions from monthly performance sessions 	September 2016	Q1 Routine of meetings and minutes with improvement actions recorded begins

What?	Who?	How?	Success measures	Baseline	Target/ date	Outcome – (report for Q1, Q2, Q3, Q4)
		<ul style="list-style-type: none"> Record all actions and decisions from monthly performance meetings Develop performance reports for key governance and decision making forums – corporate reporting, Children’s Improvement Board, Corporate Parenting Board TSCB (CS element) 	<ul style="list-style-type: none"> Service Managers and Team managers able to provide own narrative on progress and use data to inform service plans. 	<ul style="list-style-type: none"> SM and TM not able to confidently report on performance 	December 2016	Q2 Evidence that improvement actions routinely addressed
		<ul style="list-style-type: none"> Develop routine reports on the quality outcomes of case audits 	<ul style="list-style-type: none"> Overview of practice quality readily available to DCS,AD, team and service managers every month 	<ul style="list-style-type: none"> No routine report on outcomes of Audits 	December 2016	Q2 Overview of case audits begins to be reported in monthly meetings
		<ul style="list-style-type: none"> Develop routine reports on what children are saying (from MOMO) 	% of CLA who have used MOMO	<ul style="list-style-type: none"> Not routine reports on voice of CLA 	? February 2017	Q3 CLA overview of feedback begins to be reported in monthly meetings
Refine and update PARIS forms to reflect practice and additional information needs	Principal Performance Manager	<ul style="list-style-type: none"> Develop, refine PARIS forms as specified by Ofsted recommendations and remove and reduce unused and forms and fields from PARIS. 	<ul style="list-style-type: none"> Number of forms revised (and simplified) since April 2016 	<ul style="list-style-type: none"> 1 module completely revised and automated letters rolled out 1 module completely revised and LADO forms suite updated and 3 core forms and 2 additional case notes added 1 module completely revisited 1 module updated 6 case notes added and 1 	<p>June 2016</p> <p>Sept 2016</p> <p>December 2016</p>	<p>Q1 – introduce event based case notes – setting up event based notes , referral return letter</p> <p>Q2 – Address LADO, IRO and Single Assessment, Sos Plan, Audit tool,</p> <p>Q3 – Address recording of non CIN, Fostering and finalise Adoption, additional case notes for PLO and Perm planning , Case and personal supervision</p>

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What?	Who?	How?	Success measures	Baseline	Target/ date	Outcome – (report for Q1, Q2, Q3, Q4)
				<ul style="list-style-type: none"> new forms added 1 module updated 	April 2017	Q4 EH forms revised and updated
		<ul style="list-style-type: none"> Upgrade Paris to keep in line with latest releases 	<ul style="list-style-type: none"> CS staff benefit from removal of known system errors 	<ul style="list-style-type: none"> Upgrade to current version 	April 2017	Q4 latest version implemented
<ul style="list-style-type: none"> Ensure that learning from audit activity and training is systematically evaluated and contributes to a learning culture with the organisation 						
Implement a new audit tool	Lead Auditor	<ul style="list-style-type: none"> Research and develop new case audit tool based on best practice Roll out training and guidance to auditors 	<ul style="list-style-type: none"> New audit tool on PARIS <i>% of cases audited as at least RI or better</i> 	<ul style="list-style-type: none"> Data to be provided from PARIS 	February 2016 completed	<i>Quarterly audit report demonstrates compliance with new audit arrangements</i>
Monitor and analyse audit findings	Lead Auditor	<ul style="list-style-type: none"> HOS to meet monthly to moderate audits report findings from audits into SCMT and WFD Group dissemination of audit findings using a range of methods: intranet, team meetings, workshops and written reports 	<ul style="list-style-type: none"> WFD Strategy and forward training programme covers areas identified in audits Learning from audits accessible via the intranet and a standard agenda item at team meetings Audit findings to demonstrate improvements in areas <i>% of cases audited as at least RI or better</i> 	<ul style="list-style-type: none"> Data to be provided from PARIS 	quarterly	<i>Quarterly audit reports demonstrate improvements in terms of areas of learning identified in previous quarters</i>